

Link Medical Staffing Solutions Ltd

Link Medical Staffing Solutions Ltd Haverhill Branch

Inspection report

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13 August 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Link Medical Staffing Solutions Ltd Haverhill Branch is a domiciliary care service providing support to people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our visit there were 23 people in receipt of the regulated activity of personal care.

People's experience of using this service and what we found

Safe recruitment practices were still not being followed. Recruitment records showed several staff were working without the necessary pre-employment checks which placed people at risk of harm. Medicines were not always managed in a safe or proper way. Medicines administration records were not always clear or fully completed.

People were not supported to have maximum choice and control of their lives in line with the principles of the Mental Capacity Act. Assessments had not been completed to ensure people were supported in the least restrictive way possible. The policies and systems in place at the time of the inspection did not support this practice.

The provider had commenced checks of staff competency and was ensuring that regular 'spot checks' of staff practice were now being made.

People told us they were treated with kindness by the carers and were involved in making decisions about their care.

People were treated with respect and their privacy and dignity was protected. People were supported and encouraged to remain independent.

People were supported to meet their health care needs, when necessary.

Some improvements had been made since our last inspection. People had more detailed care plans and the recording of care delivered by staff was more detailed.

Governance systems required strengthening as systems in place did not identify areas where quality and safety were being compromised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 3

September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulation 11, the need for consent, regulation 12, safe care and treatment, regulation 17 good governance and regulation 19, fit and proper persons employed. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Link Medical Staffing Solutions Ltd Haverhill Branch

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home.

The service had a manager registered with the Care Quality Commission. They were also the provider of the service. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. They have been referred to as 'the provider' throughout the report.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to ensure the provider and office staff were available to speak with us and assist us with the inspection.

Inspection activity started on 30 July 2019 and ended on 13 August 2019 once we had made telephone calls and spoken with people and relatives and also made contact with staff. We visited the office

location on 30 July 2019 to meet with the provider and office staff; and to review care records and policies and procedures.

What we did before the inspection

Before the inspection visit to the provider's office, we reviewed the information we held about the service. This included any notifications the provider was required to send us by law and any information we had received from members of the public about the quality of care being provided.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with six people and seven relatives about their experience of the care provided. We also had contact with eleven members of care staff to seek their feedback. During our visit to the office we spoke with the provider and two of the office staff.

We reviewed a range of records. This included three people's care records and medicine records for five people. We looked at four staff members recruitment and training records. We also looked at a variety of records relating to the management of the service including how the provider monitored the quality of care people received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- At our last inspection we found the provider did not have robust recruitment processes in place and staff were being recruited without the appropriate pre-employment checks. At this inspection we found the necessary improvements had not been made.
- We viewed the records of four recently recruited staff and found issues and concerns with all of them. Therefore, people were not supported by staff who had been recruited safely.
- The provider failed to routinely seek references from the potential staff member's most recent employer. Gaps in employment were not routinely explored or explained. Reasons for leaving employment was not always sought and most recent photos of staff were not in all files viewed.

This lack of robust recruitment checks placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to ensure that people received their care on a day to day basis, however one care call had been missed since we last inspected. The provider told us this had been as a result of an emergency and the person had been informed prior that they would not receive their call which caused the person no harm.
- If the service was short of staff due to staff illness for example, people and staff told us the provider always stepped in to ensure no one missed their care.

Using medicines safely

- Medicines management was not always safe. There were ineffective systems and processes in place to manage people's medicines safely.
- Staff were producing medication administration records (MAR) themselves and not always sourcing a second member of staff to check and countersign. This was not in accordance with best practice guidance and the providers own policies. The MAR charts that were produced were not always clear and increased the risk of errors occurring.
- The providers audits had noted gaps in the recording of medicines administered for several people which we also saw when we viewed the records. There was no evidence those people had received their medicines as prescribed.

The concerns with medicines management placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they received the level of support they needed with their medicines. One relative commented, "I leave it [medicines] to staff, they are so efficient. It's all recorded."

Assessing risk, safety monitoring and management

- Prior to supporting people, the provider carried out a number of risk assessments. These included, support with medicines, moving and handling and any risks associated with people's home environment. Improvements were needed to ensure that areas of potential risk such as fire safety were also considered.
- Staff did not always have all the information they needed to help manage people's risks safely. For example, some people had health conditions such as diabetes. Care plans did not always contain sufficient guidance for staff on the risks associated with the condition and how to best support the person.

Learning lessons when things go wrong

- Accidents and incidents were recorded and documented however there was no evidence of learning or details of actions taken to reduce the likelihood of a reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from their regular carers. One person commented, "Yes, I do feel safe. Some [staff] are very jolly and they're all friendly. They let themselves in, it's done safely." Another person said, "I feel safe, they do the job because they care. They do everything for me that I ask."
- Relatives also felt their family member was safe with the care they received from staff. One relative said, "Definitely [family member] does feel safe. These are the best [care staff] we've ever had." Another relative told us, "Absolutely [family member] does feel safe. I hear them [family member and staff] having a joke, it cheers [family member] up when they come."
- Staff had a good understanding of what to do to make sure people were protected from harm. Safeguarding information was available, and they had also received training.

Preventing and controlling infection

- Staff followed good infection prevention and control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- People confirmed staff used personal protective equipment when needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- We found that the service had identified that two people may have lacked capacity however the provider and staff had not established through a capacity assessment what decisions people would and would not be able to make for themselves.
- People's care records did not include appropriate information about their capacity to make decisions and how they had been supported to make decisions if they were unable to.
- One person's medicines were locked away from them and they did not have access to them. There was no agreement and/or best interest decision about this.
- Improvements were required to ensure that if any assessment determined that people may not have mental capacity for specific decisions, that appropriate guidance and best interest decisions were recorded and followed.

This meant that the service was not always obtaining consent in line with the MCA. This demonstrates a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and preferences had been assessed before they started using the service. People, and where appropriate their family had contributed to the assessment.
- Information from assessments was used to develop care plans which were shared with staff to help them understand people's needs.

Staff support: induction, training, skills and experience

- At our last inspection we were concerned that staff were not supported with the necessary induction, training and support. At this inspection we found some improvements had been made. Staff were receiving regular supervision and the training provided had been reviewed.
- People felt staff were competent and equipped with the skills to provide good care and support. One person said, "The care staff have all been trained, they all seem to know what they're doing, and they appear confident."
- Staff were positive about the support they received when first commencing in their job role, a time which included a period of time shadowing experienced staff. This was confirmed by people we spoke with. One person said, "New and existing staff, we have had them come together. A new one will always come with one of the others, it's a good way to meet them." Another person said, "Sometimes new staff come with the more experienced ones. It's a good way for them to learn and for us to meet."
- Newly employed staff received training and an induction to the agency. They also shadowed their more experienced colleagues for a period of time before they started supporting people independently.
- Staff were mostly positive about the training and support they received which enabled them to do their job roles effectively. One member of staff told us, "We get regular spot checks and monthly appraisals where [provider] and myself can discuss any concerns or areas that I am doing well in. I find this meeting invaluable to become a better carer."
- Records showed that staff had completed or were in the process of completing the Care Certificate; the Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with meeting their nutritional needs this was detailed in their care plan.
- Where staff had the responsibility to support people with their nutrition and hydration people told us they were happy with the way they were supported.
- One person's relative commented, "They eat with [family member] as it's a way to encourage them to eat. It's working as well, [family member] enjoys eating with them."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. The service made referrals to external healthcare professionals when required. For example, to the dementia support team and the district nursing services to address specific needs.
- Many people told us they made their own healthcare appointments however one person commented, "Care staff do notice if I am not well, the experienced ones notice straight away. They can recognise when I'm not well and ask what I want." A second person added, "If I'm not well they always spot it straight away, even a headache. They really do look after me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At our last inspection we were concerned that people's confidentiality was not respected and maintained. The provider did not have a secure system to store people's care records and as a result some had gone missing. At this inspection we found improvements had been made. The systems for securely managing records had been reviewed and improved.
- People and relatives were very complementary about the staff who supported them. One person told us, "They will do anything I ask, they are very good, very caring. We have such lovely conversations together, they are like family." Another person commented, "They are lovely, all extremely kind."
- Relatives were also very complimentary about the care their family member received. One relative said, "They're caring and nice and we all have such a laugh together. They're like family, they do anything."
- Staff were positive about the people they provided care to. One member of staff told us, "[People] we care for are great, I just really love my job."

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt in control of any decisions about their care and support.
- People told us that staff discussed their care with them and involved them fully in their care and support. One person said, "Staff ask what I want doing every time they come. It doesn't matter what we've agreed to do, they ask anyway. I do feel it's me who makes the decision every time." Another person commented, "I made all the decisions at the meeting, [provider] was good and asked me what I wanted. She made suggestions like getting the [equipment] I'm waiting for."

Respecting and promoting people's privacy, dignity and independence

- People told us, and staff confirmed that the service worked in a manner that ensured people's privacy and dignity was respected. One person told us, "When they help me with a wash, I'm all covered and private. We close the door and the blinds, and they put a towel at the ready for when I've finished."
- People felt respected by staff. One person said, "They are respectful. It's the way they always say hello when they arrive. They ask me how I am, and I feel very confident with them in our home." Another person added, "They're very respectful. They make sure they wipe their feet before they come in, they're thoughtful."
- People were supported to remain as independent as possible within their own homes. One person said, "I wash my arms and face and do all the bits I can and then they do the rest for me."
- Staff understood their role in helping and supporting people to remain as independent as possible. One care staff told us, "To be a carer that promotes independence you do not just take over. You give the

[person] plenty of opportunities to complete tasks themselves or you just help out where needed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some people and relatives told us they usually received care from a consistent group of carers, however others felt this was an area for improvement. One person's relative commented, "There is room for slight improvement. They need more consistency with the carers and instead of five or six different ones, you should have three or four maximum and just rotate amongst themselves." They also added, "You form a bond with them, it's so important they get to know the person and them you."
- People told us there were also a number of unplanned variances in times of their care calls that impacted on their daily plans. One person said, "They come at all times, it's all over the place." Another person told us, "It's a little annoying not knowing what time to have our dinner." A third person commented, "It's [timings] very vague to be honest. Sometimes they come one time and sometimes they come another, it's hard to pin down."
- Some relatives also spoke of the inconsistency of their family member's care call times with one saying, "It's a non-specific time. It's not a problem really, we're on very good terms with all of them. Sometimes it's a bit of a joke that they always arrive just as we sit down to eat." Other relatives were positive that their family members care was delivered at the planned times.
- The provider told us this was an area they were looking to improve on but had faced challenges as one person's needs had quickly changed and they required additional staff support which had impacted elsewhere.
- People told us they received personalised care. One person said, "We talk about what I need doing each time they come, and we tailor the hour for what I need." A second person told us, "If I don't fancy a wash I do tell them, and they agree to give it to me at another time instead. They all seem to respect it if I want it done differently." Another person's relative commented, "As soon as they [care staff] come they ask [family member] what they want today. They never just assume anything."
- Care plans had been improved and most reviewed were far more detailed than when we last inspected. One person said, "At the assessment I made all the decisions. My care plan came out of a thorough conversation about what I needed." Another person commented, "It really is me who made the decision about what I needed from them. The [provider] discussed it with me and together we came to a plan."
- Most staff confirmed that care plans gave them the information they needed to enable them to meet people's needs.
- Daily notes made by care staff were more comprehensive than when we last inspected and evidenced that staff were delivering people's care according to their preferences.
- Care plans around specific needs such as diabetes care would have benefited from containing more person-centred information to enable staff to fully understand the detail. We discussed this with the

provider who said they would review these areas.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered during the assessment process and reviewed when people's needs changed. For example, whether a person wore a hearing aid or glasses.

Improving care quality in response to complaints or concerns

- There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process.
- People and their relatives told us that they knew how to complain if they had a concern and told us they felt appropriate action would be taken by the provider in response. One person said, "I wouldn't hesitate to raise something if it was important, I'd speak to the [provider]." Another person's relative told us, "I raised an issue about a carer who didn't provide the care very well. I asked for them not be sent again and the agency haven't sent them."

End of life care and support

- There was no one receiving end of life care at the time of our visit to the providers office.
- There was no evidence within care records that the provider had spoken with people and their relatives about their preferences and wishes in relation to any advance care plans and wishes for when people reached the end of their lives. The provider will review this as part of their ongoing action plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- This is the second inspection where the provider has failed to achieve the requirements of Regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People's medicines were not always managed safely. We found failings in the provider's quality assurance systems around medicines management to identify and act on shortfalls.
- Quality audits were not always effective. Some of the shortfalls identified during the inspection had not been identified.
- There needed to be better provider oversight of staff records such as recruitment files to ensure the required information was present to care for people safely. Staff were recruited without the appropriate pre-employment checks which placed people at risk of harm.
- Some audits of daily record sheets and MAR sheets took place. However, these were not consistently completed and had not identified the issues that we identified during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to seek feedback from people and their relatives however these were not consistently used.
- Basic analysis of any responses took place however we did not see evidence of actions being taken as a result of people's feedback.
- Spot checks had been introduced to monitor staff performance and to check that people were happy with their care. Staff confirmed these checks had occurred.

Continuous learning and improving care

- Some audit systems were in place for monitoring service provision. For example, the provider had a system in place for reviewing care plans, daily care notes and medicine recording sheets. These were not always effective as there were some areas of improvement needed as identified in our inspection. The provider told us the reviews of daily care records was out of date and had not been completed recently.

Failure to ensure that systems and processes were established and operated effectively to ensure compliance with regulation was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection the provider had been working with the local authority and we noted some improvements had been made.
- People's care plans were more detailed, and person centred. Staff were now receiving support through regular supervision and spot checks of their performance. In addition, the provider had more office based support which had enabled her to begin to increase her oversight of the service.
- People confirmed that there was increased staff support available in the providers office and that the service was more responsive to any queries they may have had. One person told us, "There are always staff in the office now, I don't think it was like that at the start. If I leave a message they get back to me pretty quickly."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us they thought the service was well-led. They knew the provider well and spoke positively about her. One person commented, "[Provider] is lovely, she's come out here and been my carer sometimes too."
- Without exception, people and their relatives told us that they would recommend Link Medical Staffing Solutions. One person said, "I would recommend them. They are very good and all lovely, I look forward to them coming." A relative commented, "Yes, I would recommend them. They are caring people who are aptly named 'carers. We couldn't manage without them."
- The majority of staff that we had contact with said they were happy working for the service. They said they felt listened to by the provider and well supported in their job role.
- The provider was open to making the necessary improvements. They demonstrated they had plans in place to improve the service and were keen to continue working proactively with the local authority.
- The provider was aware of their legal responsibility to inform us about significant events such as serious injuries and safeguarding concerns.

Working in partnership with others

- The service worked with external healthcare professionals and the local authority. One person's relative confirmed this telling us, "Since [healthcare team] have worked with the carers they suggested encouraging [family member] to eat by eating with them and it's working."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent to care and treatment was not always obtained and the requirements of the regulations were not followed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's care and treatment were not always planned and managed in a way that promoted their health, safety and wellbeing.

The enforcement action we took:

We issued the provider with a Warning Notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People's care and treatment were not always planned and managed in a way that promoted their health, safety and wellbeing.

The enforcement action we took:

We issued the provider with a Warning Notice